FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in		Check if name s changed)		mple:If typing, type the lines.	12FE4M		•
<u>DIŅ</u> ĘĘQŲI	TY, INC. P	OLITICAL	ĄÇ	TION COM	MITTE I	<u> </u>	
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		لتنتي
ADDRESS (number ar	d street) 450	N. BRANI	D _B C	PULEVARD	, 7TH F	LOOR	لننب
(Check if ad is changed)	dress L GLE	NDALE			CA	91203	4415
			CITY		STATE	ZIP (CODE
COMMITTEE'S E-MA	L ADDRESS (Please	provide only one e	-mail add	dress)			
(Check if a	address			11111	<u> </u>	1.1.3.1.1	لتتتب
is changed	نا) ليـــــ		1 1 1.				
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)					
(Check if a	address	1111;	Ш				
is changed						111.	
2. DATE 09] ' [12°] ' [20	012.					
3. FEC IDENTIFIC	ATION NUMBER	C	deer Creek				
4. IS THIS STATEM	MENT NEW	(N) OR		AMENDED (A)			
I certify that I have a	xamined this Stateme	ent and to the best	t of my l	knowledge and belief it	is true, corre	ect and complete	
Type or Print Name of	of Treasurer MIC	CHAEL M	END	ELSOHN			
Signature of Treasure	, My	J W			Date 0	9" (12")	2012
NOTE: Submission of (-	jeot ithe pereon signing th ULD BE REPORTED W		•	of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC F	ORM 1 02/2009)

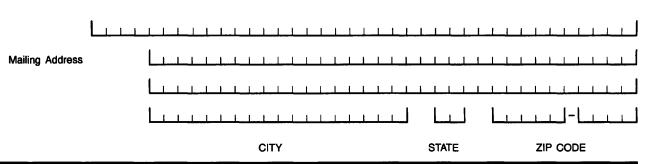
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TYPE OF COMMITTEE							
Cen	didate	e Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Cand	e of lidate						
	lidate Affiliati	on Office Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of lidate		1 1 1 1 1 1 1				
Pari	ty Con	nmittee:					
(d)			Democratic, epublican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	\boxtimes	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:				
		Corporation W/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.	осоролишто				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segroommittee. (i.e., nonconnected committee)	regated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	Joint Fundraising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Com	nmittees Participating in Joint Fundraiser					
	1,	FEC ID number C	.				
	2.	FEC ID number C					
	3.	FEC ID number .C	eede eeu oor oo soo vaa vaa saa saa saa saa saa saa saa saa				
	4.	FEC ID number C					

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V	Write or Type Committee N	ame				
[DINEEQUITY, INC. POLITICAL ACTION COMMITTEE					
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Représentative	or Leadership PAC Sponsor			
10	JINEEQUITY	,, IŅÇ .,				
L						
	Mailing Address	1450 NORTH BRAND BOULEVARD, 7TH	FLOOR			
		IGLENDALE	91203 - 4415			
		CITY STATE	ZIP CODE			
	Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor			
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the p	person in possession of committee			
	Full Name	NIĘL COLEGROVĘ				
	Mailing Address	1325 7TH STREET, NW, #400				
	Walling Macross		1 1 1 1 1 1 1 1 1 1 1			
		IWASHINGTON IDCI	₁ 20004			
	Title or Position	CITY STATE	ZIP CODE			
	VP, GOVERNI	MENT AFFAIRS Telephone number [20]	02, - [567, - [2925 ,			
-	Treasurer: List the name any designated agent (e.	a and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of			
	Full Name of Treasurer	CHAEL MENDELSOHN				
	Mailing Address	450 NORTH BRAND BOULEYARD, 7TH F	LOOR			
		GLENDALE CA	91203 4415			
	Title or Position	CITY STATE	ZIP CODE			
	TREASURER	Telephone number	18, _[637, _[3176 ,			

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Name of Bank, Depository, etc.

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STATE

ZIP CODE

CITY

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No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Business	s Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	eceipt or Postmarked		
	9/27/12		
(3/2005)	DATE PREPARED		